

THE INSURANCE ADVANTAGE

October 2006 Annual Enrollment Edition - Not Available After January 1, 2007

SOUTH CAROLINA BUDGET AND CONTROL BOARD — EMPLOYEE INSURANCE PROGRAM

Welcome

Welcome to the 2006 issue of *The Insurance Advantage*. This newsletter will update you on your insurance coverage options for 2007 and guide you through the annual enrollment process.

The Insurance Advantage will be useful to you throughout the annual enrollment period, October 1-31, 2006. In January, you will receive the 2007 *Insurance Benefits Guide*, which will be your primary source for comprehensive information on all of the benefits programs offered through EIP.

Remember, all changes you make during annual enrollment will be effective January 1, 2007.

New ID Number to Be Used Starting January 1, 2007

On January 1, you will have a new identification number— your Benefits ID Number. This number will replace each subscriber's Social Security Number in e-mails and other written communication between EIP and you and your dependents. It is designed to make your personal information more secure.

If you are enrolled in a health plan or Dental Plus, you will receive a new identification card with your Benefits ID Number on it and a letter explaining the number.

If you are enrolled only in the State Dental Plan, Optional Life Insurance, Supplemental Long Term Disability or Long Term Care Insurance, you will receive a letter giving you your new number.

Social Security Numbers will still be used for data transfer and communication between benefits administrators and plan administrators, such as BlueCross BlueShield of South Carolina and CIGNA.

Inside

Annual Enrollment Information	2
Enroll in Medicare When You Become Eligible	3
MoneyPlu\$ Reminders and Updates	4
MoneyPlu\$ Now Offers Two Ways to Enroll	5
My Rx Choices	6
Mail-order Prices At Some Local Pharmacies	7
Comparison of Health Plan Benefits for 2007	8
Premium and Benefit Changes for 2007	9
Monthly Premiums for 2007	10
Life Insurance Coverage for 2007 ...	12
There's a Way to a Will	12
Free & Clear® Can Help You Quit ...	13
Ways to Avoid Costly Mistakes	13
EIP on the Internet	14
Contact Information	15

General Assembly Provides Additional Funding for 2007

During this past legislative session, the South Carolina House and Senate approved additional funding for the health insurance plans offered by the Employee Insurance Program (EIP). **As a result, the Fiscal Year 2006-07 Appropriations Act increased employer contributions toward health insurance an average of 3.1 percent.**

This funding means that premiums for active employees and regular (employer-funded) retirees will not increase for the State Health Plan in the 2007 plan year. For more information, refer to the premium charts on pages 10-11.



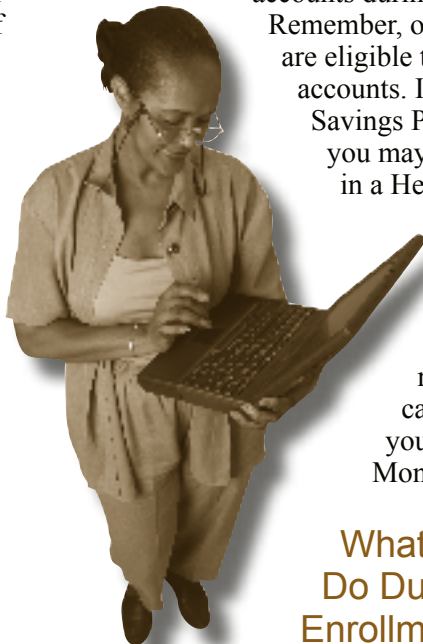
Subscribers of Optional Employer Groups That Are Experience-Rated

Although the General Assembly appropriated additional funding for next year, premiums for subscribers of experience-rated groups (such as cities, counties and other local subdivisions) may increase, decrease or remain the same, based on the group's rating. If you are a subscriber of an experience-rated group, your benefits office will announce next year's rates.

Premiums for all plans and subscriber categories (except for groups that are experience rated) can be found on pages 10-11.

What You Need to Know for Annual Enrollment

During the October 1-31, 2006, annual enrollment period, you can change your health insurance plan for the coming year. Now is the time to examine your health insurance and decide if the plan in which you are enrolled best suits your needs. To make the best decision, start by taking a look at your benefits statement to get a clear picture of the health insurance coverage you have. If you are satisfied and would like to stay in the same health plan for 2007, you do not have to do anything. You will automatically be re-enrolled for 2007.



To participate in MoneyPlu\$

accounts in 2007—You must enroll or re-enroll in MoneyPlu\$ *Medical Spending* or *Dependent Care* accounts during annual enrollment. Remember, only active employees are eligible to participate in these accounts. If you enroll in the Savings Plan during October, you may be eligible to enroll in a Health Savings Account for 2007. More information on these MoneyPlu\$ accounts is on pages 4-5. Please read this information carefully before you enroll in these MoneyPlu\$ programs.

What You Can Do During Annual Enrollment

- **Change health plans.** For more details, see your health plan choices at right.
- **Subscribers who are currently enrolled in a health plan and who are eligible for TRICARE may enroll in the TRICARE Supplement.** Employees and retirees who are eligible for Medicare are not eligible for the TRICARE Supplement.
- **Active employees can apply for Long Term Care coverage by providing medical evidence of good health.** If you want to receive an enrollment packet or if you are enrolled and want information about increasing your coverage, contact Aetna at 800-537-8521 or log on to Aetna's Web site at www.aetna.com/group/southcarolina.
- **Employees may apply for Supplemental Long Term Disability coverage by providing medical evidence of good health.**
- **Employees may enroll in, or make changes to, their life insurance coverage.** For more information,

see "You Can Adjust Your Life Insurance Coverage for 2007" on page 12.

What You Cannot Do During Annual Enrollment

- You cannot add or drop health or dental coverage for yourself or your dependents.

Your Health Plan Choices

Below are the health plan choices offered for 2007. The chart on pages 8-9 is a brief comparison of the different health insurance plans offered through EIP. The premiums are on pages 10-11. For details, consult the 2006 *Insurance Benefits Guide* (IBG). The chapter on the State Health Plan, which includes the Savings Plan and the Standard Plan, begins on page 21. The health maintenance organization (HMO) chapter begins on page 49.

Active Employees and COBRA Subscribers:

- **The State Health Plan (SHP)**—There are two options available for 2007: the SHP Standard Plan and the SHP Savings Plan. These plans are offered statewide to all eligible employees and eligible retirees. If changing from the Savings Plan to another plan, employees are no longer eligible to contribute to an HSA. See page 4 for instructions on stopping HSA contributions. For more details on the SHP plans, see pages 8-9.
- **HMOs**—There are two HMOs available for 2007: BlueChoice and CIGNA HMO. Please see pages 8-9 for details on these plans.
- **HMO with Point of Service (POS)**—There is one HMO with a POS option available for 2007: MUSC Options. See page 9 for details on MUSC Options.

Important Annual Enrollment Reminders

All changes you make during the annual enrollment period will become effective January 1, 2007.

To change your health plan—

If you want to change plans for 2007, review the comparison chart on pages 8-9. More in-depth information on these plans may be found in your *Insurance Benefits Guide*. To change plans, you must complete a Notice of Election (NOE) form, selecting the changes you want to make. You can get an NOE form from your benefits administrator or on the EIP Web site. To fill out a form online, visit www.eip.sc.gov. Select "Choose your category," and click on "Forms."

If you enroll in a Health Maintenance Organization (HMO)—

Make sure it is offered in a county where you live or work. For more information on where the HMOs are offered, see the chart on pages 8-9.

Continued on next page

Attention Retirees: Not Enrolling in Medicare When You Become Eligible Can Cost You Money

When you or one of your covered dependents is retired and becomes eligible for Medicare—whether it is due to age or to disability—you **must notify the Employee Insurance Program (EIP) within 31 days of the Medicare-eligibility date**. Medicare becomes your primary insurance when you become eligible for it. Your retiree insurance through EIP becomes your secondary insurance, which means it pays benefits after your primary insurance, Medicare, has paid its share.

To make sure you receive the highest level of coverage, enroll in Medicare Part A (hospital) **and** Part B (medical). **If you do not notify EIP of your Medicare eligibility, and EIP continues to pay benefits as if it were your primary insurance**, when EIP discovers you are eligible for Medicare, EIP will:

- **Immediately begin paying benefits as if you were enrolled in Medicare Parts A and B, even if you do not enroll.**
- **Seek reimbursement for overpaid claims back to the date you or your dependent(s) became eligible for Medicare.** This means that you will be responsible for the part of your healthcare expenses that Medicare Parts A and B would have paid if you had been enrolled.

Most subscribers should **not** sign up for Medicare Part D, the prescription drug plan. In most cases, the prescription drug coverage provided by the Standard Plan, the Medicare Supplemental Plan and the health maintenance organizations offered through EIP is as good as, or better than, Part D. For more information, see pages 189-191 of the 2006 *Insurance Benefits Guide*.

To learn how Medicare and your retiree insurance work together to help pay for your healthcare, refer to the 2006 *Insurance Benefits Guide*'s retiree chapter, beginning on page 142. For details on Medicare's requirements for enrollment, late enrollment, effective dates of coverage and any penalties related to late enrollment, please contact Medicare at 800-633-4227 or visit the Medicare Web site at www.medicare.gov.

Remember—You can enroll in the Medicare Supplemental Plan within 31 days of eligibility or during open or annual enrollment in October. This plan is designed to pay Medicare-approved charges that Medicare does not pay, such as deductibles and coinsurance. When a retiree enrolled in the State Health Plan turns age 65, he will receive a letter from EIP stating that he will automatically be enrolled in the Medicare Supplemental Plan, unless he contacts EIP.

When you are covered under retiree group health insurance and turn 65, Medicare becomes your primary health insurance. Special considerations may apply for retirees with other active coverage. At that time, you will receive a letter from EIP inviting you to choose your secondary coverage.

Annual Enrollment Your Health Plan Choices

Continued from previous page

- **TRICARE Supplement**—This plan is available to active employees, survivors and non-Medicare eligible retirees who are eligible for TRICARE, the Department of Defense's health insurance program for the military community.

Retirees Under 65

- The State Health Plan Savings Plan
- The State Health Plan Standard Plan
- An HMO, including MUSC Options, offered in the county where you live
- TRICARE Supplement
- Medicare Supplemental Plan, if eligible for Medicare due to disability

Retirees 65 and Older (*be sure to enroll in Medicare Parts A and B as soon as you are eligible*)

- The State Health Plan Standard Plan
- The Medicare Supplemental Plan
- An HMO offered in the county where you live, including MUSC Options

Note for Retirees

- ***New!* If eligible, you can now change to the Medicare Supplemental Plan each year during the October enrollment period.**

Please Note—***If you are disabled or have end stage renal disease before age 65, please notify EIP.*** Remember, if you or your covered dependents become eligible for Medicare before age 65 (for example, because of a disability), **you must notify EIP within 31 days of receiving notification of Medicare eligibility for proper enrollment and premium adjustments.** Enrollment in Medicare Parts A and B is necessary to ensure maximum coverage and coordination of benefits. *Refer to the Medicare article on this page for more information.*

Important MoneyPlu\$ Reminders and Updates

As you think about your health insurance choices for 2007, consider the choices and tax benefits you have with MoneyPlu\$! You can set aside money—*tax-exempt money*—to pay eligible medical and dependent care expenses, making those dollars go farther.

Eligibility and Enrollment Flexible Spending Accounts—

You must enroll or re-enroll in a Dependent Care Account, Medical Spending Account or *limited-use* Medical Spending Account if you wish to participate in 2007.

- To participate in a Medical Spending Account or *limited-use* Medical Spending Account, you must be an active employee and, by January 1, 2007, you must have worked for one year for an employer that participates in the EIP programs.

New! Online re-enrollment will be available to many flexible spending account participants. See “MoneyPlu\$ Now Offers You Two Ways to Enroll” on page 5 for more information.

Health Savings Account (HSA) —

You must be enrolled in the State Health Plan Savings Plan or another high deductible health plan to be eligible to contribute to an HSA. You also cannot be covered by any other health insurance, including Medicare (Part A or B), and you cannot be claimed as a dependent on another person’s income tax

Before you enroll or re-enroll in MoneyPlu\$ for 2007, be sure to read the information on the MoneyPlu\$ programs on pages 4-5. To learn more about these programs, refer to the 2007 MoneyPlu\$ Tax-favored Accounts Guide, which is available from your benefits administrator, and your 2006 Insurance Benefits Guide.

return. A regular MoneyPlu\$ Medical Spending Account (MSA) (even a spouse’s MSA) is also considered *other health insurance*. You may, however, contribute to a *limited-use* MSA which is restricted to dental and vision expenses.

- **If you are enrolled in a regular MoneyPlu\$ MSA on December 31, 2006, but plan to change to the Savings Plan and open an HSA for 2007, April 1, 2007, is the earliest date that you are eligible to make contributions to an HSA. This is because the grace period (explained on page 5) continues your MSA coverage through March 15, 2007, regardless of whether you have any funds remaining in your MSA. Your contributions to your HSA will be limited to no more than nine-twelfths (for the nine months from April through December) of the annual amount allowed by the IRS. See “HSA Contribution Limits” on page 7.**
- When you enroll in an HSA and receive your HSA account packet from National Bank of South Carolina (NBSC), an affiliate of Synovus Financial Corp. and trustee for the MoneyPlu\$ HSA, **be sure to sign your signature card and return it immediately.** NBSC will be unable to open your account or deposit your HSA contributions without this completed form.
- **If you contribute to an HSA, you are no longer eligible to contribute to a regular Medical Spending Account. However, you may contribute to a *limited-use* Medical Spending Account (explained above).**
- **If you were enrolled in an HSA in 2006, you do not need to re-enroll for 2007.** You may change the amount you contribute monthly to your HSA. To start, stop or change your monthly contributions, complete a MoneyPlu\$ enrollment form and enter the new amount (\$0 to stop contributions) on the form.



- **If you will not be contributing to your MoneyPlu\$ HSA in 2007, but want to keep your HSA account with NBSC open,** the \$2 monthly fee will continue unless you have a minimum balance of \$5,000. Accounts which are inactive for 12 months (no deposits or withdrawals) will be charged a monthly fee of \$5, in addition to the regular \$2 monthly fee (if the fee applies). If your account balance drops below \$25, you need to use the balance and close the account until you are eligible to contribute again. You should also be careful not to overdraw your account or you will incur overdraft charges.

EZ REIMBURSE® MasterCard®

- If you participate in a regular Medical Spending Account (not a *limited-use* Medical Spending Account), you may sign up for an EZ REIMBURSE® MasterCard®. To enroll, check the box inside the Medical Spending Account section on the MoneyPlu\$ enrollment form. A \$20 annual fee will be charged at the start of the year.
- **You must re-enroll in the EZ REIMBURSE® Card program if you wish to continue to use your card in 2007.** To re-enroll, check the box inside the Medical

Continued on next page

MoneyPlu\$ Updates

Continued from previous page

Spending Account section on the MoneyPlu\$ enrollment form. The \$20 annual fee will be charged at the start of the year.

- **Be sure to follow up and send in documentation for EZ REIMBURSE® Card transactions.** These transactions will show up in blue on your monthly statements. If you don't send in your documentation, your card may be suspended. **If all transactions are not cleared (remain in blue) by March 31, 2007, your card will be cancelled permanently, and those transactions will be reported as income on your W-2 the following year.** See more on the grace period at right.

New! As a result of recent IRS guidance regarding debit cards associated with flexible spending accounts, there are some changes to the EZ REIMBURSE® Card program for 2007. Beginning January 1, 2007:

- **The EZ REIMBURSE® Card will no longer be accepted at general merchandise pharmacies and grocery store pharmacies** (such as Wal-Mart, Publix, Kmart, etc.), unless that department uses a separate merchant category code, identifying it as a medical provider.
- **You will be able to use the card at any drugstore that accepts MasterCard®.** Remember, when filling a prescription, you must use a drugstore that participates in your health plan's pharmacy network. **This means you will also be able to use the card to order prescription drugs by mail through these health plans:** State Health Plan, MUSC Options, BlueChoice HealthPlan and CIGNA.
- **Only those card transactions for prescription purchases which are fixed copayments** (for example, \$10, \$25 or \$40 under the Standard

Plan) will be "auto-adjudicated" (verified and approved at the time of purchase, with no follow-up documentation required). Any prescription drug purchase that is not for the amount of the regular copayment will require follow-up documentation.

- **You will also be able to use the EZ REIMBURSE® Card to purchase eligible over-the-counter medicines.** Follow-up documentation will be required, unless the purchase is made at Walgreens. Walgreens has coded IRS-approved over-the-counter items so that these purchases will not need follow-up documentation. Visit www.myfbmc.com for the latest list of IRS-approved over-the-counter items.

Medical Spending Account Grace Period

- If you have money left in your Medical Spending Account (MSA) after December 31, 2006, you will be able use it for eligible expenses incurred through March 15, 2007, and you will be reimbursed from these unspent funds. **Note: The run-out period applies to expenses incurred during 2006 as well as expenses incurred during the grace period and applied to unspent funds from 2006, so you must submit your claims and documentation by March 31, 2007. This includes documentation for EZ REIMBURSE® Card transactions.** Check your accounts and claims online at www.myfbmc.com.

Continued on page 7

MoneyPlu\$ Now Offers You Two Ways to Enroll

During annual enrollment, FBMC, administrator for the MoneyPlu\$ program, will offer two ways to enroll:

- **Paper:** See your benefits administrator for a MoneyPlu\$ enrollment form. Complete the form and return it to your benefits administrator, who will forward it to FBMC.
- **Online:** For the first time, many employees can go to FBMC's new Web site at www.myfbmc.com. Log on anytime between October 2 and October 31, 2006. For help with enrollment, call FBMC customer service at 800-342-8017, Monday through Friday, 7 a.m.-10 p.m.

Who Can Enroll Online?

You can log on to www.myfbmc.com and re-enroll if:

- *You have a current Medical Spending Account*, and you are re-enrolling for next year or are adding a Dependent Care Account.
- *You have a current Dependent Care Account*, and you are re-enrolling.

On your first visit to FBMC's Web site, your password is your Social Security Number, and the last four digits of your Social Security Number will be your default Personal Identification Number (PIN). You will be asked to register and change your PIN. It cannot be the default PIN. If you registered previously on FBMC's old site (www.fbmc-benefits.com), you can use your PIN on the new site.

Remember your PIN. You will need it if you decide to change your enrollment choices during annual enrollment. (There is a place in the MoneyPlu\$ Tax Favored Accounts Guide to record your PIN. This book is available from your benefits administrator or on the Employee Insurance Program's Web site at www.eip.sc.gov.)

Continued on page 7

My Rx Choices Could Help State Health Plan and MUSC Options Subscribers Pay Less For Their Long-Term Prescriptions

New! Medco's new online benefit tool lets you and your doctor find the least expensive prescriptions that are right for you.

Beginning October 15, you can start saving money with *My Rx Choices*, a new online tool that allows State Health Plan and MUSC Options subscribers to make money-saving choices on their prescription drugs—quickly and easily. If you are taking medications on an ongoing basis, you could save more than \$200 a year.*

My Rx Choices is a new feature offered online through Medco Health Solutions, Inc., the company that manages the prescription drug programs for the State Health Plan and MUSC Options.

From October 15 through December 31, 2006, you can access *My Rx Choices* online at www.medco.com/save and, with a few simple mouse clicks, review a confidential and personalized prescription drug cost comparison. You will find a list of the drugs you are taking on an ongoing basis, your out-of-pocket costs, and the least-expensive alternative, such as a less expensive brand or a generic.

You can also compare other less-expensive alternatives available to you.

- If the alternative contains the same active ingredient as your current prescription and the less-expensive alternative will be filled and shipped by Medco's mail-order pharmacy, *Medco can contact your doctor for you.*
- If the active ingredient is not the same, or if the alternative will be filled by your local retail pharmacy, whether or not your local pharmacy is part of the Retail Maintenance Network (see related article on page 7), you will need to contact your doctor directly. Medco will give you all of the information that you need to discuss this with your doctor.

You will be prompted to print a savings kit that contains a confirmation page, savings report and mail-order fax form. Your doctor can evaluate the lower-cost options, determine if one (or more) is right for you and, if appropriate, write a new prescription. *No changes are ever made without your doctor's approval, and you will be notified of any changes.*

People are always looking for opportunities to lower their healthcare costs. *My Rx Choices* puts you in control—you select the alternatives that could possibly save you hundreds of dollars on prescription drugs each year.

Doctors are interested in helping patients save money, but they don't always know which medications are covered by a health plan, or how much they cost. *My Rx Choices* provides doctors with options so that their patients receive the most appropriate medications at the lowest possible cost.

Beginning October 15, State Health Plan and MUSC Options subscribers, who are taking medications on an ongoing basis, and who have money-saving opportunities, will receive an invitation from Medco to try out *My Rx Choices* at www.medco.com/save. This introductory version of *My Rx Choices* includes special screens and buttons to help users get started. This version will end on December 31, 2006. Afterward, *My Rx Choices* will be an integrated part of Medco's Web site for registered users at www.medco.com.



*Average savings are based on more than 25,000 transactions that presented less-expensive alternatives to Medco members in June 2006. For details and other disclosures regarding *My Rx Choices*, visit www.medco.com/save between October 15 and December 31, 2006.

MoneyPlu\$ Enrollment

Continued from page 5

If you forget your PIN, click the "I forgot my PIN" link for help, or call FBMC customer service at 800-342-8017. You can use your PIN to access your personal account information from the FBMC Interactive Benefits Information Line at 800-865-3262.

Who Cannot Enroll Online?

- If you are an employee *who does not have a current Medical Spending Account*, you cannot enroll online. However, you can enroll by completing a paper enrollment form if, by January 1, 2007, you have worked for a participating employer for at least one year. MoneyPlu\$ enrollment forms are available from your benefits administrator.
- If you are an employee *who does not have a current Dependent Care Account*, you cannot enroll online. However, you can enroll by completing a paper enrollment form.
- If you wish to *start, stop or change contributions to a Health Savings Account*, you must complete a paper enrollment form.

If you are required to use a paper enrollment form to enroll or make changes, do not attempt to use the online enrollment form.

Can I Change My Choices During Annual Enrollment?

Yes! You can log on to www.myfbmc.com at any time during annual enrollment. Only the last enrollment form you submit will be saved, whether it was submitted online or through your benefits administrator. If you enroll online, be sure to carefully review the amount entered and print your confirmation page.

Mail-order Prices Available At Some Local Pharmacies

Anyone enrolled in the *State Health Plan Standard Plan* or the *Medicare Supplemental Plan* may buy 90-day supplies of prescription drugs—at mail-order prices—at local pharmacies belonging to the Retail Maintenance Network.

You will pay the same copayment (price) as you would pay through mail order. This change applies only to prescriptions filled for a 63-90 day supply at one of the participating pharmacies in the network (see link below). Copayments for prescriptions filled for a 0-62 day supply at these retail pharmacies will remain the same. At all other network pharmacies not participating in the Retail Maintenance Network, the copayments will remain the same. For more information, call Medco Customer Service at 800-711-3450.

To access an online list of local pharmacies belonging to the Retail Maintenance Network, go to EIP's Web site at www.eip.sc.gov. Click on the "News and Updates" tab, and select the link under the year "2006" called "State Health Plan: New Retail Maintenance Network, Effective May 1, 2006." If you do not have Internet access, call Medco Customer Service at 800-711-3450 to locate the nearest participating pharmacies.



MoneyPlu\$ Updates

Continued from page 5

- **Submit Your 2006 MSA Claims Early.** During the grace period, don't wait to send your 2006 MSA claims and documentation to FBMC, particularly if you have begun to file 2007 claims. As FBMC receives your 2007 MSA claims during the grace period (both manual claims and EZ REIMBURSE® Card claims), FBMC will automatically pay those claims from your 2006 MSA first (if any funds are remaining) and then from your 2007 MSA. If you wait to submit your 2006 claims, they could be rejected if your 2006 MSA has been exhausted paying claims incurred during the grace period.

HSA Contribution Limits

The Internal Revenue Service (IRS) may adjust the HSA contribution limits each year based on the rate of inflation. The maximums for 2006 are \$2,700 for individual accounts and \$5,450 for family accounts. The maximum amounts for 2007 will be announced later in 2006, after this newsletter was printed. A subscriber age 55 or older may contribute an additional \$800 in 2007 under a "catch up" provision.

HSA contributions may be made in a lump sum, in equal amounts for 12 months (such as through payroll deduction with MoneyPlu\$) or in any other combination of payments. Remember that your total contribution for the year may not exceed the IRS limit.

This chart is for comparison purposes only. For more information on these plans, please refer to your 2006 *Insurance Benefits Guide*.

Comparison of Health Plans

Plan	SHP Savings Plan		SHP Standard Plan ³		BlueChoice HealthPlan of South Carolina ³
Availability	Coverage worldwide		Coverage worldwide		Available in all South Carolina counties Coverage worldwide
Active Employee Monthly Premiums <i>Employee Only</i> <i>Employee/Spouse</i> <i>Employee/Children</i> <i>Full Family</i>	\$ 9.28		\$ 93.46		\$126.62
	\$ 72.56		\$237.50		\$369.88
	\$ 20.28		\$142.46		\$272.18
	\$108.56		\$294.58		\$547.26
	Please note that premiums for optional employer groups, such as local subdivisions, are not included in this chart.				
Annual Deductible <i>Single</i> <i>Family</i>	(no per-occurrence deductibles) \$3,000 \$6,000		\$350 \$700		\$250 \$500
Coinsurance	In-network Plan pays 80% You pay 20%	Out-of-network Plan pays 60% You pay 40%	In-network Plan pays 80% You pay 20%	Out-of-network Plan pays 60% You pay 40%	HMO pays 90% after copays You pay 10%
Coinsurance Maximum <i>Single</i> <i>Family</i>	\$2,000 \$4,000 (excludes deductible)	\$4,000 \$8,000 (excludes deductible)	\$2,000 \$4,000 (excludes deductible)	\$4,000 \$8,000 (excludes deductible)	\$1,500 \$3,000 (excludes deductible)
Physicians Office Visits	Chiropractic payments limited to \$500 a year, per person		\$10 per-occurrence deductible, then:		\$15 PCP copayment \$15 OB/GYN well woman exam \$30 specialist copay
	No per-occurrence deductible or copayments				
	In-network Plan pays 80% You pay 20%	Out-of-network Plan pays 60% You pay 40%	In-network Plan pays 80% You pay 20%	Out-of-network Plan pays 60% You pay 40%	
Hospitalization/ Emergency Care	No per-occurrence deductibles or copayments		Outpatient hospital: \$75 per-occurrence deductible Emergency care: \$125 per-occurrence deductible		Inpatient: \$200 copay Outpatient: \$75 copay/first 3 visits Emergency care: \$100 copay HMO pays 90% after copays You pay 10% \$35 urgent care copay, then HMO pays 100%
Prescription Drugs	Participating pharmacies and mail order only: You pay the State Health Plan's allowable cost until the annual deductible is met. Afterward, the Plan will reimburse 80% of the allowable cost; you pay 20%. When coinsurance maximum is reached, the Plan will reimburse 100% of the allowable charge.		Participating pharmacies only (up to 31-day supply): \$10 generic, \$25 preferred brand, \$40 non-preferred brand Mail order (up to 90-day supply): \$25 generic, \$62 preferred brand, \$100 non-preferred brand Copayment max: \$2,500		Participating pharmacies only (31-day supply): \$8 generic, \$30 preferred brand, \$50 non-preferred brand, \$75 specialty pharmaceuticals Mail order (Up to 90-day supply):\$16 generic, \$60 preferred brand, \$100 non-preferred brand

¹Premiums for subscribers of experience-rated benefits office will announce next year's rates.

²There will be no copayment for services performed at MUSC outpatient facilities.

³Refer to your 2006 *Insurance Benefits Guide* for information on how this plan coordinates with Medicare.

Benefits Offered for 2007¹

CIGNA HMO ³	MUSC Options ³	Medicare Supplemental Plan ³
Available in all South Carolina counties, except: <i>Abbeville, Aiken, Barnwell, Edgefield, Greenwood, McCormick and Saluda counties</i>	Available in these South Carolina counties: <i>Berkeley, Charleston, Colleton and Dorchester counties</i>	Same as Medicare Available to retirees and covered dependents/survivors who are eligible for Medicare
\$124.10 \$359.60 \$263.74 \$531.32	\$178.08 \$468.36 \$316.72 \$594.26	Refer to the premium tables on pages 10-11 for rates

ons, may vary. **To verify your rates, contact your benefits office.**

NONE	In-network NONE	Out-of-network \$500 \$1,500	Pays Medicare Part A and Part B deductibles
HMO pays 80% after copays You pay 20%	HMO pays 100% after copays	HMO pays 60% of allowance You pay 40%	Pays Part B coinsurance of 20%
\$2,000 \$4,000 (includes inpatient, outpatient, copays and coinsurance)	N/A	\$3,000 \$9,000 (excludes deductible)	None
\$20 PCP copayment \$40 OB/GYN exam \$40 specialist copay	\$25 PCP copay; \$25 OB/GYN well woman exam; \$55 specialist copay	HMO pays 60% of allowance after annual deductible You pay 40%. No preventive care benefits out-of-network	Pays Part B coinsurance of 20%
Inpatient: \$500 copay Outpatient facility: \$250 copay Emergency care: \$100 copay	Inpatient: \$300 copay Outpatient facility: \$100 ² copay Emergency Care: \$150 copay; \$50 urgent care copay	HMO pays 60% of allowance after annual deductible You pay 40% Emergency care: \$150 copay	For inpatient hospital stays , the Plan pays: Medicare deductible; coinsurance for days 61-90; coinsurance for days 91-150; 100% beyond 150 days (Medi-Call approval required) For skilled nursing facility care , the Plan pays coinsurance for days 21-100; 100% beyond 100 days, up to \$6,000 per year.
Participating pharmacies only (up to 30-day supply): \$7 generic, \$25 preferred brand, \$50 non-preferred brand Mail order (up to 90-day supply): \$14 generic, \$50 preferred brand, \$100 non-preferred brand	\$100 deductible, then: Participating pharmacies only (up to 30-day supply): \$10 generic, \$30 preferred brand, \$50 non-preferred brand, \$100 specialty pharmaceuticals Mail order (up to 90-day supply): \$25 generic, \$75 preferred brand, \$125 non-preferred brand	Participating pharmacies only (up to 31-day supply): \$10 generic, \$25 preferred brand, \$40 non-preferred brand Mail order (up to 90-day supply): \$25 generic, \$62 preferred brand, \$100 non-preferred brand; Copayment max: \$2,500	

s rating. If you are a subscriber of an experience-rated group, your

Premium and Benefit Changes for 2007

State Health Plan Savings Plan and Standard Plan

No increase in premiums for active employees and regular (employer-funded) retirees; refer to the charts on pages 10-11 for 2007 premiums. No changes in benefits.

BlueChoice HealthPlan

Refer to the charts on pages 10-11 for 2007 premiums. No changes in benefits.

CIGNA HMO

Refer to the charts on pages 10-11 for 2007 premiums. The *coinsurance maximum* will decrease in 2007 from \$3,000 single/\$6,000 family to \$2,000 single/\$4,000 family.

MUSC Options

Refer to the charts on pages 10-11 for 2007 premiums. These are the benefit changes for 2007:

- *Obesity surgery* will no longer be covered, effective January 1, 2007.
- The *annual deductible for out-of-network services* will increase to \$500 single/\$1,500 family coverage.
- *Office visit copayments* for in-network services will increase to \$25 for a primary care physician, \$25 for an OB/GYN well woman exam, \$55 for a specialist (with or without a referral) and \$50 for urgent care. The *copayment for emergency care* will increase to \$150 per occurrence.
- *Retail prescription drug copayments* will increase to \$30 for preferred brands and \$50 for non-preferred brands (the

Continued on page 12

2007 Active Employee Monthly Premiums¹								
State Health Plan								
	SAVINGS	STANDARD	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Employee	\$ 9.28	\$ 93.46	\$126.62	\$124.10	\$178.08	\$0.00	\$ 0.00	\$18.52
Employee/spouse	\$ 72.56	\$237.50	\$369.88	\$359.60	\$468.36	\$0.00	\$ 7.64	\$35.06
Employee/children	\$ 20.28	\$142.46	\$272.18	\$263.74	\$316.72	\$0.00	\$13.72	\$38.26
Full family	\$108.56	\$294.58	\$547.26	\$531.32	\$594.26	\$0.00	\$21.34	\$54.80

¹Rates for employees of local subdivisions may vary. To verify your rates, contact your benefits office.

2007 Regular Retiree (State-funded Benefits) Monthly Premiums¹									
(Retiree eligible for Medicare/spouse eligible for Medicare)									
	SAVINGS	STANDARD	SUPPLEMENTAL ²	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Retiree	N/A	\$ 75.46	\$ 93.46	\$126.62	\$124.10	\$178.08	N/A	\$ 0.00	\$18.52
Retiree/spouse	N/A	\$201.50	\$237.50	\$369.88	\$359.60	\$468.36	N/A	\$ 7.64	\$35.06
Retiree/children	N/A	\$124.46	\$142.46	\$272.18	\$263.74	\$316.72	N/A	\$13.72	\$38.26
Full family	N/A	\$258.58	\$294.58	\$547.26	\$531.32	\$594.26	N/A	\$21.34	\$54.80
(Retiree eligible for Medicare/spouse not eligible for Medicare)									
	SAVINGS	STANDARD	SUPPLEMENTAL ²	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Retiree/spouse	N/A	\$219.50	\$237.50	\$369.88	\$359.60	\$468.36	N/A	\$ 7.64	\$35.06
Full family	N/A	\$268.50	\$286.50	\$547.26	\$531.32	\$594.26	N/A	\$21.34	\$54.80
(Retiree not eligible for Medicare/spouse eligible for Medicare)									
	SAVINGS	STANDARD	SUPPLEMENTAL ²	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Retiree/spouse	\$ 72.56	\$219.50	\$237.50	\$369.88	\$359.60	\$468.36	N/A	\$ 7.64	\$35.06
Full family	\$108.56	\$268.50	\$286.50	\$547.26	\$531.32	\$594.26	N/A	\$21.34	\$54.80
(Retiree not eligible for Medicare/spouse not eligible for Medicare)									
	SAVINGS	STANDARD	SUPPLEMENTAL ²	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Retiree	\$ 9.28	\$ 93.46	N/A	\$126.62	\$124.10	\$178.08	\$0.00	\$ 0.00	\$18.52
Retiree/spouse	\$ 72.56	\$237.50	N/A	\$369.88	\$359.60	\$468.36	\$0.00	\$ 7.64	\$35.06
Retiree/children	\$ 20.28	\$142.46	N/A	\$272.18	\$263.74	\$316.72	\$0.00	\$13.72	\$38.26
Full family	\$108.56	\$294.58	N/A	\$547.26	\$531.32	\$594.26	\$0.00	\$21.34	\$54.80
(Retiree not eligible for Medicare/spouse not eligible for Medicare/one or more children eligible for Medicare)									
	SAVINGS	STANDARD	SUPPLEMENTAL ²	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Retiree/children	\$ 20.28	\$142.46	\$160.46	\$272.18	\$263.74	\$316.72	N/A	\$13.72	\$38.26
Full family	\$108.56	\$294.58	\$312.58	\$547.26	\$531.32	\$594.26	N/A	\$21.34	\$54.80

¹Rates for local subdivisions may vary. To verify your rates, contact your benefits office.
²If the Medicare S □

2007 COBRA Monthly Premiums								
18 and 36 months								
	SAVINGS	STANDARD	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Subscriber only	\$252.88	\$338.74	\$ 372.58	\$ 370.00	\$425.06	N/A	\$11.94	\$18.89
Subscriber/spouse	\$550.82	\$719.06	\$ 854.10	\$ 843.60	\$954.54	N/A	\$19.74	\$35.76
Subscriber/children	\$364.44	\$489.06	\$ 621.36	\$ 612.76	\$666.80	N/A	\$25.94	\$39.02
Family	\$667.88	\$857.62	\$1,115.36	\$1,099.10	\$1,163.30	N/A	\$33.71	\$55.90
Children (to age 18)	\$111.56	\$150.32	\$ 248.80	\$ 242.76	\$241.74	N/A	\$13.99	\$20.14
29 Months (These rates go into effect in the 19th month of coverage for 29-month COBRA subscribers)								
	SAVINGS	STANDARD	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Subscriber only	\$371.88	\$ 498.16	\$ 547.90	\$ 544.12	\$ 625.08	N/A	\$11.94	\$18.89
Subscriber/spouse	\$810.04	\$1,057.44	\$1,256.02	\$1,240.60	\$1,403.74	N/A	\$19.74	\$35.76
Subscriber/children	\$535.92	\$ 719.20	\$ 913.78	\$ 901.12	\$ 980.58	N/A	\$25.94	\$39.02
Family	\$982.18	\$1,261.20	\$1,640.22	\$1,616.32	\$1,710.72	N/A	\$33.71	\$55.90
Children (to age 18)	\$164.04	\$ 221.04	\$ 365.88	\$ 357.00	\$ 355.50	N/A	\$13.99	\$20.14

2007 Retiree Full Cost (Non-funded) Monthly Premiums¹

(Retiree eligible for Medicare/spouse eligible for Medicare)

	SAVINGS	STANDARD	SUPPLEMENTAL ²	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Retiree	N/A	\$314.10	\$332.10	\$ 365.26	\$ 362.74	\$ 416.72	N/A	\$11.71	\$18.52
Retiree/spouse	N/A	\$668.96	\$704.96	\$ 837.34	\$ 827.06	\$ 935.82	N/A	\$19.35	\$35.06
Retiree/children	N/A	\$461.46	\$479.46	\$ 609.18	\$ 600.74	\$ 653.72	N/A	\$25.43	\$38.26
Full family	N/A	\$804.80	\$840.80	\$1,093.48	\$1,077.54	\$1,140.48	N/A	\$33.05	\$54.80

(Retiree eligible for Medicare/spouse **not** eligible for Medicare)

	SAVINGS	STANDARD	SUPPLEMENTAL ²	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Retiree/spouse	N/A	\$686.96	\$704.96	\$ 837.34	\$ 827.06	\$ 935.82	N/A	\$19.35	\$35.06
Full family	N/A	\$814.72	\$832.72	\$1,093.48	\$1,077.54	\$1,140.48	N/A	\$33.05	\$54.80

(Retiree **not** eligible to Medicare/spouse eligible for Medicare)

	SAVINGS	STANDARD	SUPPLEMENTAL ²	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Retiree/spouse	\$540.02	\$686.96	\$704.96	\$ 837.34	\$ 827.06	\$ 935.82	N/A	\$19.35	\$35.06
Full family	\$654.78	\$814.72	\$832.72	\$1,093.48	\$1,077.54	\$1,140.48	N/A	\$33.05	\$54.80

(Retiree **not** eligible for Medicare/spouse **not** eligible for Medicare)

	SAVINGS	STANDARD	SUPPLEMENTAL ²	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Retiree	\$247.92	\$332.10	N/A	\$ 365.26	\$ 362.74	\$ 416.72	\$ 63.50	\$11.71	\$18.52
Retiree/spouse	\$540.02	\$704.96	N/A	\$ 837.34	\$ 827.06	\$ 935.82	\$122.50	\$19.35	\$35.06
Retiree/children	\$357.28	\$479.46	N/A	\$ 609.18	\$ 600.74	\$ 653.72	\$122.50	\$25.43	\$38.26
Full family	\$654.78	\$840.80	N/A	\$1,093.48	\$1,077.54	\$1,140.48	\$163.50	\$33.05	\$54.80

(Retiree **not** eligible for Medicare/spouse **not** eligible for Medicare/one or more children eligible for Medicare)

	SAVINGS	STANDARD	SUPPLEMENTAL ²	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Retiree/children	\$357.28	\$479.46	\$497.46	\$ 609.18	\$ 600.74	\$ 653.72	N/A	\$25.43	\$38.26
Full family	\$654.78	\$840.80	\$858.80	\$1,093.48	\$1,077.54	\$1,140.48	N/A	\$33.05	\$54.80

¹Rates for local subdivisions may vary. To verify your rates, contact your benefits office.²If the Medicare S□**2007 Survivor Monthly Premiums¹**

(Spouse eligible for Medicare/children eligible for Medicare)

	SAVINGS	STANDARD	SUPPLEMENTAL ²	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Spouse	N/A	\$314.10	\$332.10	\$365.26	\$362.74	\$416.72	N/A	\$11.71	\$18.52
Spouse/children	N/A	\$461.46	\$497.46	\$609.18	\$600.74	\$653.72	N/A	\$25.43	\$38.26
Children only	N/A	\$147.36	\$165.36 ³	\$243.92	\$238.00	\$237.00	N/A	\$13.72	\$19.74

(Spouse eligible for Medicare/children **not** eligible for Medicare)

	SAVINGS	STANDARD	SUPPLEMENTAL ²	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Spouse	N/A	\$314.10	\$332.10	\$365.26	\$362.74	\$416.72	N/A	\$11.71	\$18.52
Spouse/children	N/A	\$461.46	\$479.46	\$609.18	\$600.74	\$653.72	N/A	\$25.43	\$38.26
Children only	\$109.36	\$147.36	N/A	\$243.92	\$238.00	\$237.00	N/A	\$13.72	\$19.74

(Spouse **not** eligible for Medicare/children eligible for Medicare)

	SAVINGS	STANDARD	SUPPLEMENTAL ²	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Spouse	\$247.92	\$332.10	N/A	\$365.26	\$362.74	\$416.72	N/A	\$11.71	\$18.52
Spouse/children	\$357.28	\$479.46	\$497.46 ³	\$609.18	\$600.74	\$653.72	N/A	\$25.43	\$38.26
Children only	N/A	\$147.36	\$165.36 ³	\$243.92	\$238.00	\$237.00	N/A	\$13.72	\$19.74

(Spouse **not** eligible for Medicare/children **not** eligible for Medicare)

	SAVINGS	STANDARD	SUPPLEMENTAL ²	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Spouse	\$247.92	\$332.10	N/A	\$365.26	\$362.74	\$416.72	\$ 63.50	\$11.71	\$18.52
Spouse/children	\$357.28	\$479.46	N/A	\$609.18	\$600.74	\$653.72	\$122.50	\$25.43	\$38.26
Children only	\$109.36	\$147.36	N/A	\$243.92	\$238.00	\$237.00	\$ 63.50	\$13.72	\$19.74

¹Rates for local subdivisions may vary. To verify your rates, contact your benefits office.²If the Medicare Suppl□³This premium applies only if one or more children are eligible for Medicare.

You Can Adjust Your Life Insurance Coverage for 2007

Have you considered enrolling in, or making changes to, your Optional Life or Dependent Life coverage? If so, this is what you can do in October:

Employees

- Active employees who are not enrolled in the Optional Life Program can enroll for \$10,000, \$20,000 or \$30,000 of Optional Life coverage without providing evidence of insurability.
- Active employees enrolled in the Optional Life Program can increase coverage by \$10,000, \$20,000 or \$30,000 without providing evidence of insurability.
- The rules that apply to new hires remain unchanged. For more information, see page 77 of the 2006 *Insurance Benefits Guide* (IBG).

Spouses

- Active employees, who are not covering their spouse under Dependent Life, can enroll a spouse for \$10,000 or \$20,000 of coverage without providing evidence of insurability, whether or not the employees themselves are enrolled in Optional Life.
- Active employees, who are covering their spouse under Dependent Life, can increase their spouse's coverage by \$10,000 or \$20,000 without providing evidence of insurability.
- Coverage of a spouse cannot exceed 50 percent of the employee's Optional Life coverage, or \$100,000, whichever is less. The exception to this is for an employee who is enrolled for \$10,000, \$20,000 or \$30,000. He can enroll his spouse for \$10,000 or \$20,000.

Important Reminders

- Coverage changes become effective January 1, 2007.
- An employee must be actively at work for any changes to become effective on January 1, 2007. If an employee is absent from work due to an injury or an illness on the date his insurance or his dependent's insurance would otherwise become effective, the effective date of any new or increased insurance coverage will be deferred until the date the employee returns to work as an active, permanent, full-time employee for one full day.
- If you leave your job, you may be able to continue your life insurance coverage. Before you leave, check with your benefits administrator to find out your options and what you need to do to continue coverage.

There's a Way to a Will

Beginning January 1, 2007, The Hartford will offer a new benefit to subscribers with Optional Life and Basic Life coverage—EstateGuidancesm. EstateGuidance is a new service that will permit subscribers to create a simple will online.

On or after January 1, you can access the EstateGuidance Web site at www.EstateGuidance.com/wills. You will need a special promotional code to use the service. The promotional code will be printed in the Life Insurance chapter of the 2007 *Insurance Benefits Guide*, which will be available in January 2007. You may also get this code from your benefits administrator on or after January 1, 2007.

Please note that this is a service offered by The Hartford and not by EIP. EIP cannot give legal advice to enrollees. Please consult an attorney or tax consultant regarding your individual estate planning needs.

Premium and Benefit Changes for 2007

Continued from page 9

generic brand copayment will remain at \$10). A \$100 copayment will be added for specialty pharmaceuticals. *Mail-order prescription drug copayments* will also increase to \$25 for generic, \$75 for preferred brands and \$125 for non-preferred brands.

- A new \$100 annual deductible will apply to covered prescription drug purchases.

Medicare Supplemental Plan

No increase in premiums for regular (employer-funded) retirees; refer to the charts on pages 10-11 for 2007 premiums. No changes in benefits.

Free & Clear® Can Help You Quit Tobacco

For those of you who smoke, you have every reason to quit smoking. Though you may have smoked for years, the benefits you will enjoy when you quit will begin within 20 minutes of your last cigarette and continue for years to come. You will feel physically better and have more stamina and energy.

As a State Health Plan subscriber—whether active or retired—you and your covered dependents may participate (at no charge) in the Free & Clear® Quit for Life™ Program, a research-based program that has been very successful in helping people stop tobacco use. You can enroll in the 12-month program at any time during the year. When you call, your eligibility will be verified, and you will promptly be referred to a quit coach. A Free & Clear quit coach works with you to create a personalized “quit plan.” You can make unlimited incoming calls to Free & Clear and receive free tobacco treatment products for the entire program period.

You receive up to five calls from your Quit Coach during the program period. You may call Free & Clear at any time for help, to speak with a Quit Coach or to order more products. The toll-free line is available from 8:00 a.m. to midnight (Eastern time), seven days a week. After the 12-month program, if you still need assistance from Free & Clear, you may re-enroll in the program.

Call 866-QUIT-4-LIFE (866-784-8454) to enroll. Subscribers enrolled in health maintenance organizations (HMOs) can participate in their health plans’ smoking cessation programs. Contact your HMO for more information.



Ways to Avoid Costly Mistakes

Here are some cost-effective tips that will help you make the best use of your insurance.

Some services covered under the Standard Plan and the Savings Plan must be approved by Medi-Call before you receive them. They include inpatient care in a hospital and outpatient surgery. Emergency admissions must be reported within 48 hours or the next working day. A more complete list of services that require pre-authorization is on pages 30-31 of the 2006 *Insurance Benefits Guide*.

If you are covered under the **Medicare Supplemental Plan**, you only need to call Medi-Call in a few situations. For more information about the supplement, see pages 146-149 of the 2006 *Insurance Benefits Guide*.

The Medi-Call numbers are 800-925-9724 (South Carolina,

nationwide and Canada) and 803-699-3337 (Greater Columbia area). If you know a service must be pre-authorized or if you are in doubt about whether it requires pre-authorization, call Medi-Call.

Inpatient and outpatient mental health and substance abuse services covered under the Standard Plan and the Savings Plan also require pre-authorization. Call APS at 800-221-8699. For more information, see pages 42-43 of the 2006 *Insurance Benefits Guide*.

The State Health Plan prescription drug benefits include a “pay the difference” policy. Under the Standard Plan, this means that if you buy a brand-name drug when an equivalent generic version of the drug is available, you will be charged the generic copayment, \$10 for up to a 31-day supply, plus the difference in price between the brand name and the equivalent generic version of the drug.

Under the Savings Plan, if you buy a brand-name drug instead of a generic drug, only the allowable charge for the generic drug will apply toward your deductible. For more information, see page 40 of the 2006 *Insurance Benefits Guide*.

A special eligibility situation allows eligible employees, retirees, survivors or COBRA subscribers to add or change insurance coverage for themselves and/or their eligible dependents. Events that can create a special eligibility situation include marriage, divorce, birth, adoption, placement for adoption, gain or loss of other insurance coverage and death. The important thing to remember is that **you have 31 days from the date of the event to complete a Notice of Election form requesting a change in coverage.** For more information, see pages 10-12 of the 2006 *Insurance Benefits Guide*.

Continued on page 16

EIP on the Internet: The Latest News About Your Insurance

Whether you want to check changes in your drug coverage or find out about preventive health programs offered in your community, you can get this information through your computer.

EIP Direct, a bimonthly employee newsletter, is sent, usually by e-mail, to your benefits administrator. Your BA may send you the information or the newsletter itself. *EIP Direct* gives you news about changes in benefits, answers questions and tells you about programs that may be of interest to you, such as Prevention Partners chronic disease workshops. Copies are also available on EIP's Web site, www.eip.sc.gov. Choose "News & Updates" on the bar at the top of the home page and then "Newsletters."

The Web site is also the place to find other information that will help you make the best use of your insurance and links to the Web sites of EIP's plan administrators.

When you go to the Web site, you will see several choices in the bar across the top of the home page, including:

- **FAQ** (answers to general questions and to questions about the Savings Plan and Health Savings Accounts)
- **News and Updates** (such as Quarterly Changes in Medco's Preferred Drug List)
- **Links** (direct access to sites of companies that administer EIP programs)

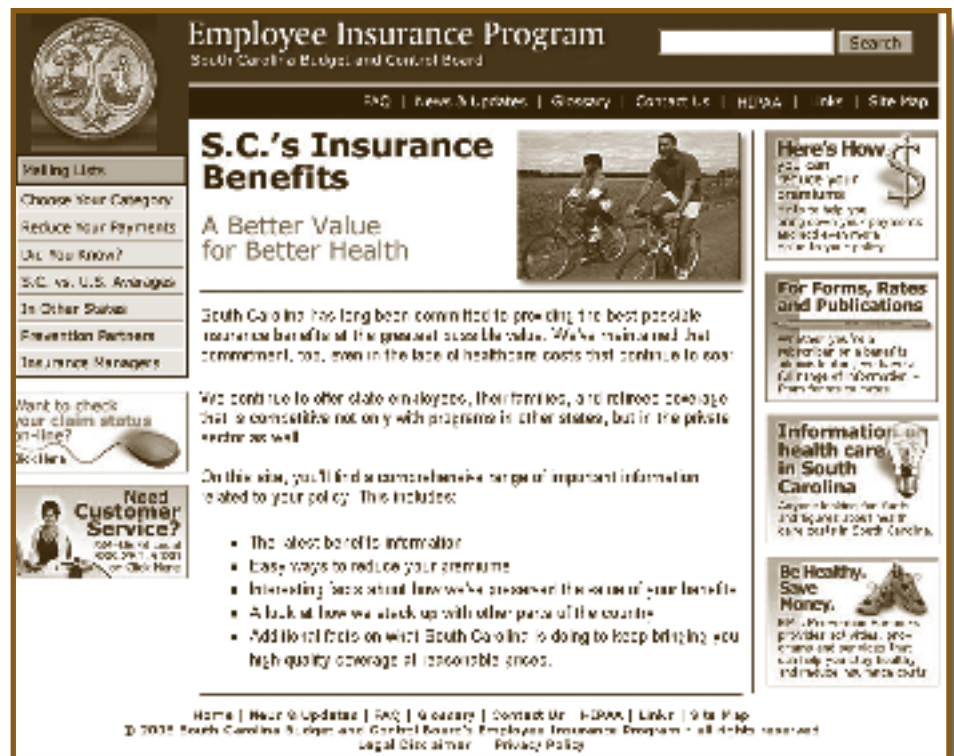
When you select "**Choose Your Category**," which is on the left side of the homepage, you will see the types of subscribers served by EIP. Most of you are "Active Subscribers," or employees. When you click on your category, you will receive a list of choices. They include "**Eligibility**," "**Forms**," "**On-line Directories**" (lists of providers that are part of our networks) and "**Rates**." Click on "**Publications**" to see a list that includes an Explanation of Benefits brochure and the *MoneyPlu\$ Tax-favored Account Guide*. Under "Publications" you can also open a copy of the *Insurance Benefits Guide* and use the "binoculars" search feature to help you find specific information.

"**Prevention Partners**" is one of the choices on the list of our home page. Click on it for ways to improve your health. Under "Early Detection," for example, you will find a list of the regional Worksite Screenings.

"**Insurance Managers**" provides direct links to the Web sites for the programs we offer, including MoneyPlu\$.

These sites give you access to your account information, including claim status, verification of authorization for inpatient and outpatient visits and Explanations of Benefits.

If you cannot find what you are looking for, just click on "Need Customer Service?" We will answer your questions promptly. This is also a good way to suggest topics for us to cover in *EIP Direct*.



Important Contact Information for Annual Enrollment

AETNA

(Long Term Care)

- Customer Service Phone: 800-537-8521
- Fax: 860-952-2024
- Web: www.aetna.com/group/southcarolina
- Medi-Call Fax: 803-264-0183
- BlueCard Program Phone: 800-810-BLUE (2583)
- Dental - Customer Service Phone: 888-214-6230
- Dental Fax: 803-264-7739
- Web: www.southcarolinablues.com

APS Healthcare, Inc.

(State Health Plan Mental Health and Substance Abuse)

- Customer Service Phone: 800-221-8699
- Tobacco Treatment: 866-784-8454
- Fax: 888-897-8931
- Web: www.apshealthcare.com (password: statesc)
- Member Services Phone: 803-786-8476 (Greater Columbia area)
- 800-868-2528 (toll-free outside Columbia area)
- Web: www.BlueChoiceSC.com

ASI

(TRICARE Supplement)

- Customer Service Phone: 800-638-2610, ext. 255
- Fax: 301-816-1125
- Web: www.corporatetricaresupp.com, www.tricare.osd.mil

BlueCross BlueShield Of South Carolina

(State Health Plan Claims Administrator)

- Health - Customer Service Phone: 803-736-1576 (Greater Columbia area) 800-868-2520 (toll-free outside Columbia area)
- Health Fax: 803-699-7675
- Medi-Call: 803-699-3337 (Greater Columbia area) 800-925-9724 (toll-free outside Columbia area)
- Claims Fax: 850-425-4608
- Other Fax: 850-425-6220
- Web: www.myfbmc.com

The Hartford

(Life Insurance)

- Evidence of Insurability Phone: 800-331-7234

BlueChoice HealthPlan HMO

- Member Services Phone: 803-786-8476 (Greater Columbia area)
- 800-868-2528 (toll-free outside Columbia area)
- Web: www.BlueChoiceSC.com

CIGNA Healthcare HMO

- Member Services Phone: 800-244-6224
- Web: www.cigna.com

Fringe Benefits Management Company

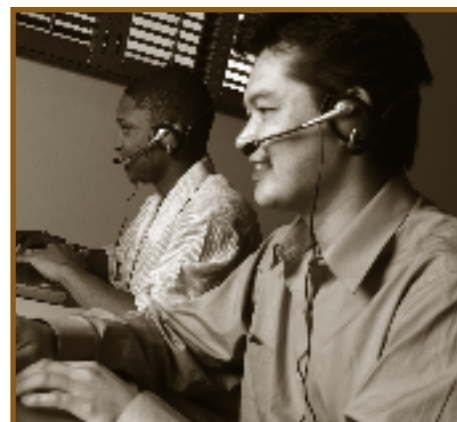
(MoneyPlu\$)

- Customer Service Phone: 800-342-8017

- Claims Fax: 850-425-4608

- Other Fax: 850-425-6220

- Web: www.myfbmc.com



- Death Claims Phone: 888-563-1124
- Retiree Enrollment/Claims Phone: 888-803-7346, ext. 33648
- Insurance Conversion Phone: 800-548-5157

Medco

(State Health Plan and MUSC Options Prescription Drug Program)

- Customer Service Phone: 800-711-3450
- Web: www.medco.com

MUSC Options POS

- Member Services Phone: 800-821-3023
- Web: www.BlueChoiceSC.com

Standard Insurance Company

(Long Term Disability)

- Customer Service Phone: 800-628-9696
- Fax: 800-437-0961
- Medical Evidence Phone: 800-843-7979
- Web: www.standard.com

Ways to Avoid Costly Mistakes

Continued from page 13

COBRA is a federal law that requires you and your covered dependents be offered continuation of health and/or dental coverage if you are no longer eligible for coverage due to a qualifying event. These events include loss of a job, reduced hours, separation or divorce, and a child no longer qualifying as a dependent. **To continue coverage under COBRA, you or your dependent must notify your benefits administrator or EIP within 60 days of the event or from when coverage would have been lost due to the event, whichever is later.** For more information, see page 14 of the 2006 *Insurance Benefits Guide*.

What the State Dental Plan pays for dental work is based on the Dental Plan of Benefits fee schedule. This is not necessarily what your dentist charges for services. For example, after you have paid your \$25 dental deductible, the State Dental Plan pays 80 percent of the amount allowed in the fee schedule for a filling. You may pay more than this because your dentist charges more than the charge in the fee schedule. When you are considering dental treatment, you may want to ask your dentist what you will have to pay out-of-pocket. If your treatment is not an emergency and may cost more than \$500, you can ask for a Predetermination of Benefits to find out how much the plan will pay toward the cost of your dental work. For more information, see page 68 of the 2006 *Insurance Benefits Guide*.



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